

The website is the **Digital Front Door** to your State

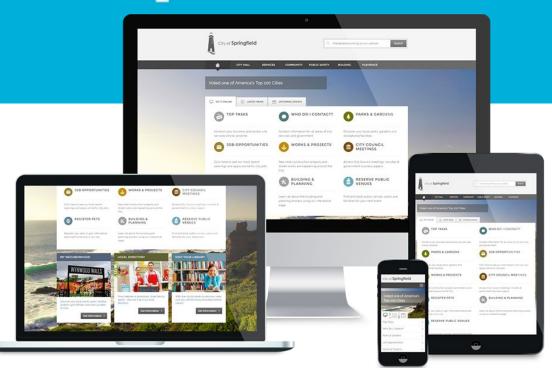
# Hi! I'm Jack.

(@jackmadans)

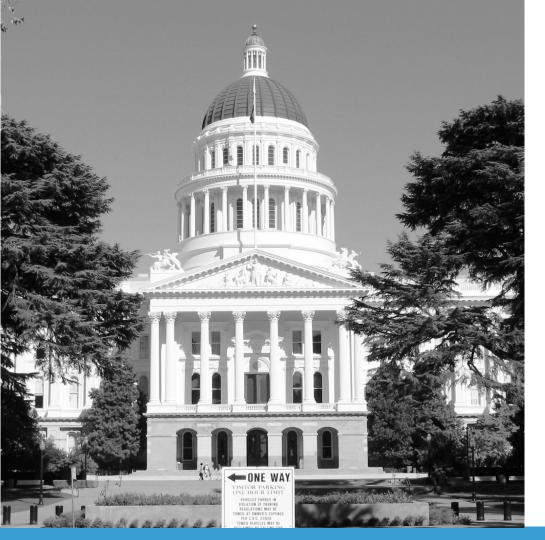




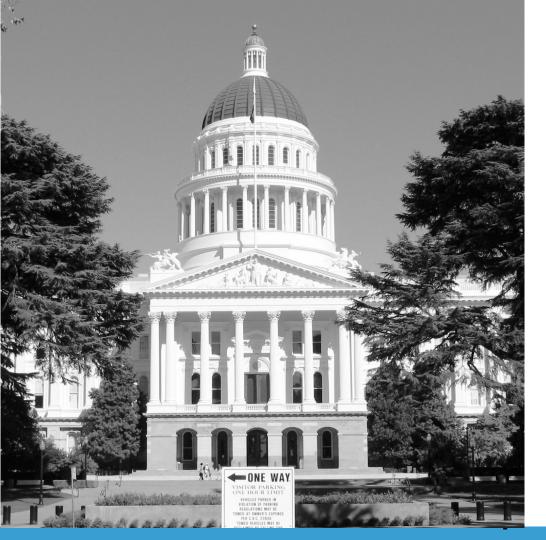
# OpenCities







The website is the **Digital Front Door** to your State



**4,349,683** sessions **10,202,501** pageviews





#### Prioritization of Top Tasks

Does your website clearly direct users to the most frequently used services?



#### Page Load Speed

How long does it take for your website to load?



#### Search Experience

Can the public find what they need in their own words?



#### Accessibility

Does your website ensure equal access to all users, regardless of disability?



#### Content Readability

What level of literacy is required to comfortably grasp the content on your site?



#### Privacy

Does your website protect your visitors personal details?



#### Mobile Friendliness

Can the public use your site on mobile devices?



#### Search Engine Optimization

Can the public find your information via external search engines?

# Pain Point: Keeping information current

- → **Hard to use CMS editors.** The user interfaces of many Content Management Systems have aren't intuitive, requiring multi-hour to multi-day training for new users. As a result, website contributors fear making mistakes, require remedial training, or put-off edits to do in a single sitting.
  - "There about ten buttons that I don't know what to do with."
  - "Contributors need re-training every time they edit the website"
- → **Multi-step approval.** Complicated and time intensive workflows deter staff desire to update content. Delays grow acutely when page edits require approval from individuals across teams/departments.
  - "It can take a week to fix a page edit."
- → **Staff/IT tension.** IT/Web teams want to avoid time-intensive style deviations. Contributors feel like strict design guidelines hamper creativity, reduce ownership.
  - "If you allow free form editing inside a wrapper all accessibility and consistency goes out the window."
  - Departments will do one-off web development to avoid the CMS or design constraints.

# Pain point: Keeping up with best practices

- → Shared long-term goal: "Let residents do their City business online". Nearly all participants defined their long term goal as helping residents do online what they currently have to come to City Hall for today.
- → **But, Departments don't prioritize website experience**. Too often, departments don't take advantage of the website to improve service delivery. They assign the lowest level employees for website-related work.
  - " At best, Directors think the website is for marketing, not transactions"
- → **But, inconsistent Executive Interest**. Interest in website improvement peaks with a leadership change or controversy but can lose focus. Conversely, the high performers consistently cited strong executive leadership on the website as key to their work.
- → **But, lack of performance metrics.** Only a handful of participants reported having clear goals or metrics tied to website performance.

# **Pain Point: Accessibility**

- → **Significant, growing share mobile traffic.** Participants able to provide analytics report mobile devices accounting for a growing percentage of their traffic in recent years, even for sites not yet optimized for mobile responsiveness.
  - Mobile traffic ranged from 15%-65% across participants with an overall average of ~42%.
  - "I'm sure [visitors] have to scroll for days..the content isn't written for a mobile screen".
  - Mobile traffic correlates positively with a city's ethnic diversity.
- Need to be multilingual. Cities with established or growing ethnic diversity most felt the need to better serve multilingual website visitors.
  - High adoption, but varying satisfaction with Google Translate.
- → Writing simply, for the web is difficult. The vast majority of Webmasters and content managers feel like their contributors can't write for the web. Some cities are solving this with increased trainings, regular workshops, or quality metrics (e.g reading level of content).
  - "My contributors write reports and brochures that they expect to translate on the web"

# **Pain Point: Information Architecture**

- → **Difficult to navigate.** The most consistent critical feedback web-teams hear is that people "can't find what they are looking for on the website." Participants report struggling with site architecture organized by department. Many are shifting to a resident, business, and visitor paradigm to become more service-oriented.
  - "I know for a fact that people give up and call 311"
  - "The user has to understand how the city is organized to get most things done"
- → Very, very large websites. Participants feel like unrestrained page creation has led to an unwieldy sites that are difficult to maintain. Departments aggressively resist "killing pages." Also, programmatic content migration. :(
- → **Little use of analytics in content creation.** Apart from quarterly or annual reviews by some teams, the majority of participants report that departments aren't interested in analytics, even when made available.
  - "Staff feel like analytics just depend on where they are featured on the homepage"
- → **Mostly anecdotal feedback.** The majority of participants report not having avenues for public feedback on website experience, mostly relying on feedback



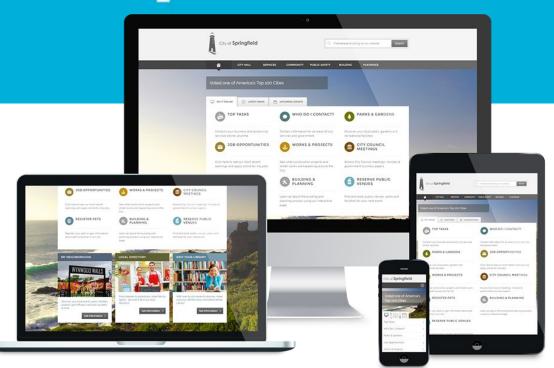
We're in the process of making a better City of Orlando website. **Answer these 15 short questions** to help make a City website that works for everyone!

(We've tested this survey, and it takes about 6-8 minutes to complete.)

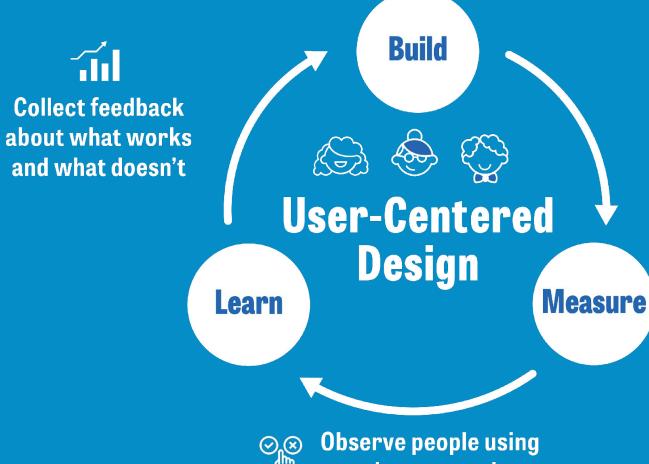
**Help Us Improve** 

press **ENTER** 

# OpenCities



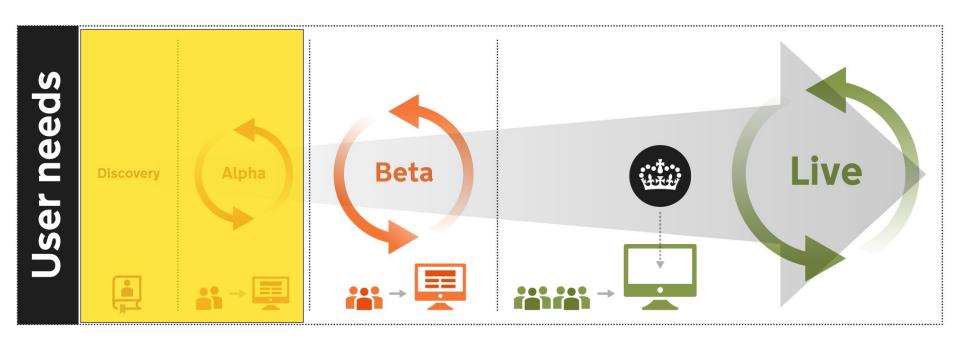




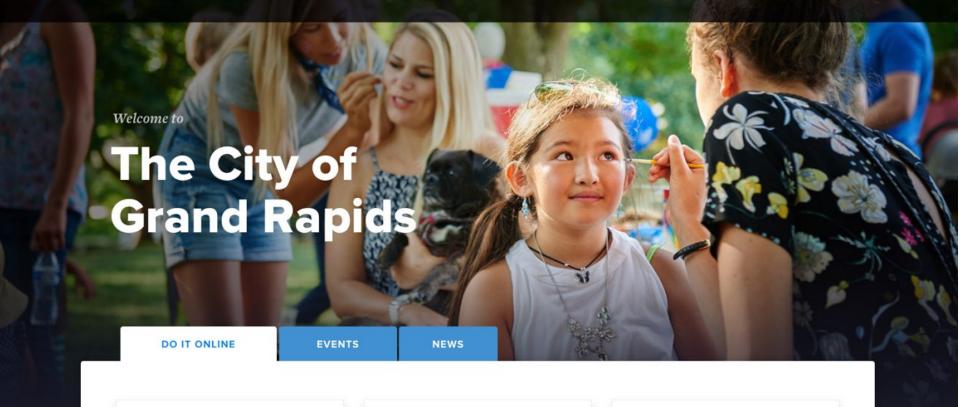


Make something small to meet people's needs

what you made



Do an alpha!





#### Start Water & Sewer Service

Fill out and file the application for a new water service account.



#### Reserve a Public Space

Make an online reservation for any public space such as parks or other city venues or facilities.



#### Rent Equipment for an Event

Rent City equipment for your next event. We have stages, bleachers, P.A. systems, tents and more.

#### WELCOME TO ALPHA - A PROTOTYPE FOR OUR NEW WEBSITE.

We're piloting a new, user-friendly design | This site is a work-in-progress & only features a few select services. See all topics on our official site: miamigov.com
Please tell us what you think!



Find almost anything on our website





**LATEST NEWS** 

**UPCOMING EVENTS** 



#### **GET A PERMIT FOR YOUR HOME**

Get a permit to build something at your home.



#### **HOST A GARAGE SALE**

Did you know you need a permit to host garage sale?



#### **VOLUNTEER FOR MIAMI**

Sign up to get volunteer opportunities from the Mayor's Office.



#### **RENT A PARK FACILITY**

Reserve a City Park's facility for your next event.



#### REPORT A POTHOLE

Report a Pothole in the City of Miami



#### REPORT ILLEGAL DUMPING

Report and request City clean up.



REQUEST TREE TRIMMING



REPORT A DAMAGED SIDEWALK



**ENROLL IN PARENTING COURSE** 

We're piloting a new, user-friendly design | This site is a work-in-progress & only features a few select services. | See all topics on our official site: CityofOrlando.net Learn more and share your feedback





Find almost anything on our website





# Process: How to develop a digital service

1

**Analyze & Prioritize** digital services based on criteria of resident need, City need, volume, and technical difficulty.

2

**Cultivate safe space** for experimentation with key internal stakeholders (i.e., Management, SME, front-line staff).

3

**Journey Map** the current interaction to capture challenges and potential solutions. Re-assess viability.

4

**Identify user needs** and a user story.

5

If there is a point of transaction for the service, review usability and effectiveness then **redesign the transaction**.. 6

**Draft content** and prototype pages to better fit the user needs

• 7

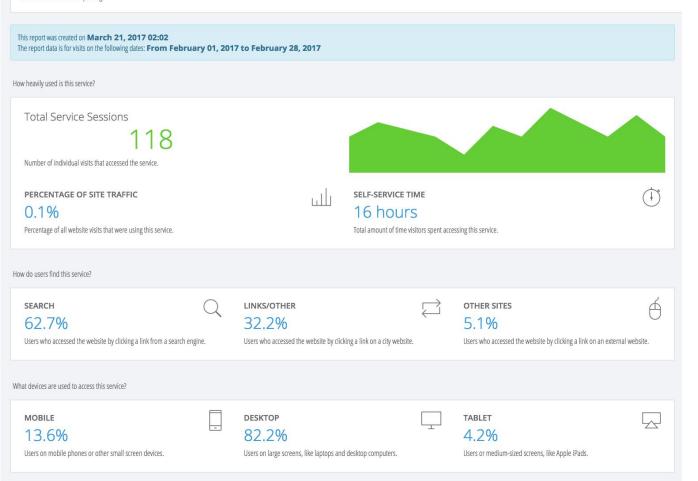
**Test** with real user in the wild. Document feedback.

8

**Iterate.** Capture ongoing feedback through the alpha site for future refinement

#### Parking Meter Hooding

How to reserve metered parking



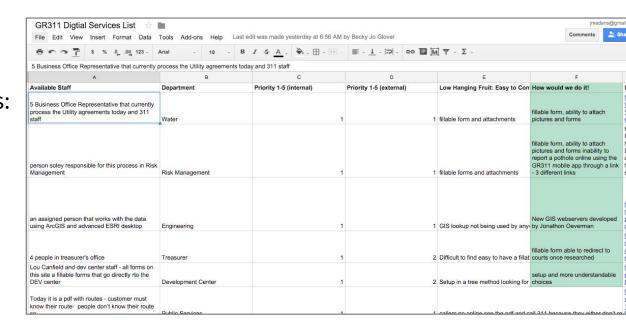
# Total 311: **1178+ hours**

# Total web: **192+ hours**



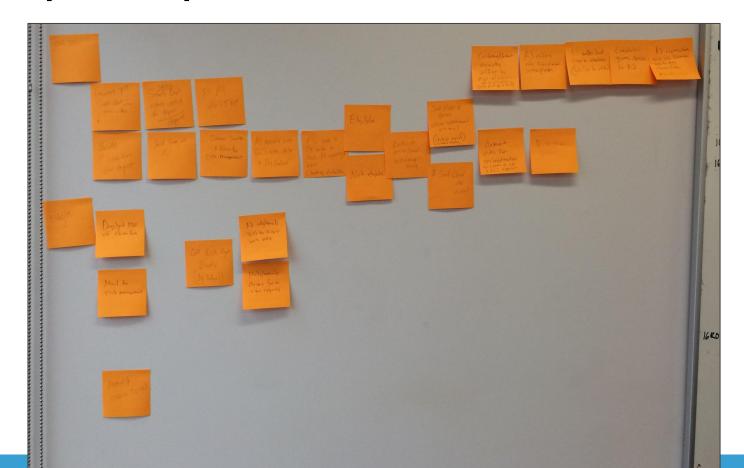
**Create an inventory of digital services.** Use four primary criteria to prioritize transactions:

- 1. Resident Pain.
- 2. City Pain
- Technical Feasibility.
- 4. Volume\*





# **Map current process**





## **Identify User Need**

User stories are just statements that describe a goal, written in the first person. There is no one way to write a user story, but one effective approach is called "jobs to be done", which is shown here.

**As a:** [type of user]

Who is this for?

I need to: [task/action]

What will help this person reach

their goal?

So that I can: [goal]



# **Identify User Need**

User stories are just statements that describe a goal, written in the first person. There is no one way to write a user story, but one effective approach is called "jobs to be done", which is shown here.

As a: [type of user]

Who is this for?

I need to: [task/action]

What will help this person reach

their goal?

So that I can: [goal]

**As a:** Driver in Grand Who is this for?

I need to: figure out if the City will reimburse pothole damage to my car What will help this person reach their goal?

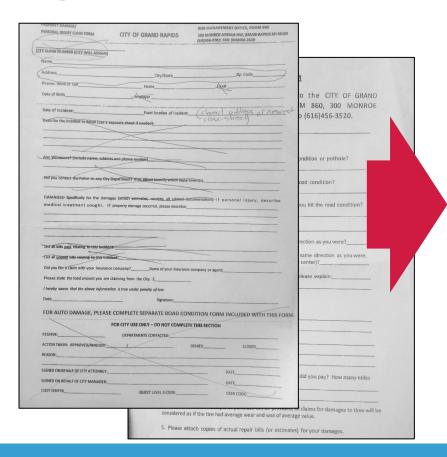
**So that I can:** Fix my car as quickly and cheaply as possible

# **Prototype Transaction**

(PERSONAL INJURY - CONTACT		Risk Management - Claims
CITY ATTORNEY'S OFFICE (616)456-3181)	CITY OF GRAND RAPIDS PROPERTY DAMAGE CLAIM FORM	860 City Hall, Grand Rapids MI 49503 (616)456-3707; FAX: (616)456-3728
CITY CLAIM NUMBER		
Name		
Address	/State Zip Code	
Phone (Work or Cell) (Hon	ne) (Fax #)	
Date of Birth Employer		
Date of Incident:  Describe the Incident in detail (use the back of the back)	ct Location of Incident his form if needed)	
Any Witnesses? (Include name, address and pho	ne number)	
Did you contact the Police or any City Departme	ent: Identify:	



## **Prototype Transaction**



M	y Progress:25%
Pc	othole Details
Wł	nat's the exact location of the pothole?
N	earest address or closest cross street
0	ere you traveling North, South, East, or West? North South East
_	West
	there more than one lane of traffic traveling in that ection?
_	Yes
0	No
	ive you verified that this pothole has been reported the City for more than 30 days?
~	Yes
_	No Not sure

#### **Ex. Pothole Damage Claim**

- → Went line by line through decade-old form to verify the need for each data point.
- → Webform reduces likelihood of follow up because of illegible handwriting.
- Identification of common user need for pothole damage claims led to a decision to merge what was a two form process.
- → Dividing forms into sections allows breaks up long form into more digestible chunks..
- → Web forms dynamically hide/show questions based on previous answers, reducing time to completion.
- → Web form require answers to questions before submission.

### **Redesign Content**

**Example:** The content redesign for starting water & sewer service.

#### **Content Problems:**

- → No intuitive next steps.
- Gratuitous commitment to customer service is first section (not useful).
- Mixed themes and multiple headers.
- Different descriptions cover the same subject.
- → One mobile screen doesn't captures a fraction of what the user needs to know about the service (lots of scrolling).

City of Grand Rapids

Civil Service Explained
Governmentjobs.com Login
Job Opportunities - City
Employees

Home > Human Resources > Filing a Claim

The City of Grand Rapids has a claims policy which allows individuals to seek reimbursement for losses allegedly involving the various departments and/or employees of the City of Grand Rapids.

A claim can be considered only after it is filed in writing at the Offices of the City Attorney, Streets & Sanitation or the Risk Management Division of the Human Resources Department. Upon our receipt of a completed claim form, a number

Seasonal and Temporary Jobs

Job Descriptions/Interest Cards

**Employee Benefits** 

Contact Us

Departments

Retiree

will be assigned, a file made, and an investigation will ensue.

BEFORE SUBMITTING POTHOLE CLAIM TO THE CITY:

- · Immediately report all potholes to City Streets & Sanitation 456-3232.
- · Contact your insurance agent to verify coverage for any type of loss.
- · Complete both the Property Damage Claim Form and the Claimant Road Condition Form.

POTHOLE/ OTHER DAMAGE TO YOUR AUTOMOBILE / OTHER FINANCIAL DAMAGES:

Please note that all claims will be given careful consideration, but there are typically very few instances where the City is at fault regarding potholes or other charges which the City levies by statute. The City's Streets & Sanitation Department has continually demonstrated a good faith effort to maintain City streets, and repairs are generally found to be made within a reasonable time period, as mandated by Michigan law. For Potholes or damage to your automobile, submission of a claim form does not guarantee payment, and you are encouraged to seek coverage from your insurance carrier.

For Potholes or damage to your automobile, in addition to completing the <u>Property Damage Claim Form</u> and the <u>Claimant Road Condition Form</u>, you should provide the following documentation when submitting your claim:

- 1) Receipts for repairs (or estimates in the event the repairs have not yet been made);
- 2) The declaration page of your automobile insurance policy in effect on the date of the incident;
- 3) Police report, if available;
- 4) Photos of the damaged vehicle:
- 5) Photos of the defect causing the damage; and
- 6) A copy of the vehicle registration, proving ownership.

http://grcity.us/human-resources/pages/filing-a-claim.aspx

For claims for "financial" damages, in addition to completing the Property Damage Claim Form, provide the following

Give us feedback

Help

Like 54K

Bold

Italic

11

H2

Quote

Bullets Numbers

rs

Link

# Hemingway

#### Readability

Grade 6

book

Write

Words: 133

Show More ▼

2 adverbs, meeting the goal of 2 or fewer.

1 use of passive voice, meeting the goal of 2 or fewer.

1 phrase has a simpler alternative.

1 of 11 sentences is hard to read.

1 of 11 sentences is very hard to

#### Hemingway App makes your writing bold and clear.

The app highlights lengthy, complex sentences and common errors; if you see a yellow sentence, shorten or split it. If you see a red highlight, your sentence is so dense and complicated that your readers will get lost trying to follow its meandering, splitting logic — try editing this sentence to remove the red.

You can utilize a shorter word in place of a purple one. Mouse over them for hints.

Adverbs and weakening phrases are helpfully shown in blue. Get rid of them and pick words with force, perhaps.

Phrases in green have been marked to show passive voice.

You can **format** your *text* with the toolbar.

Paste in something you're working on and edit away. Or, click the Write button and compose something new.

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### **Redesign Content**

**Example:** The content redesign for starting water & sewer service.

#### **Content progress:**

- Clear organizational premise
- Plain language description
- Consolidation of repetitive content.
- <sup>2</sup>/<sub>3</sub> of process captured in a single mobile screen (hardly any scrolling).



#### File a Pothole Damage Claim

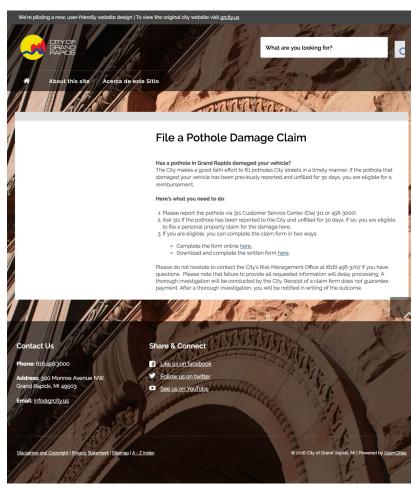
Has a pothole in Grand Rapids damaged your vehicle? The City makes a good faith effort to fill potholes City streets

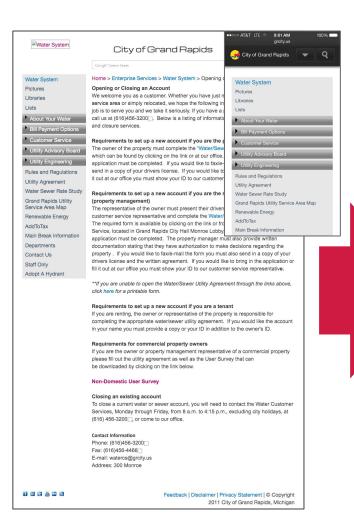
in a timely manner. If the pothole that damaged your vehicle has been previously reported and unfilled for 30 days, you are eligible for a reimbursement.

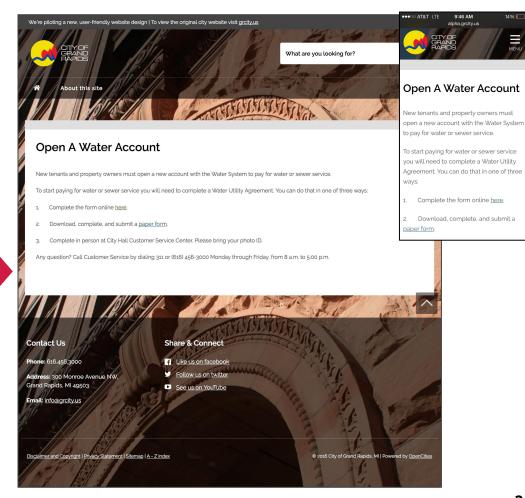
#### Here's what you need to do:

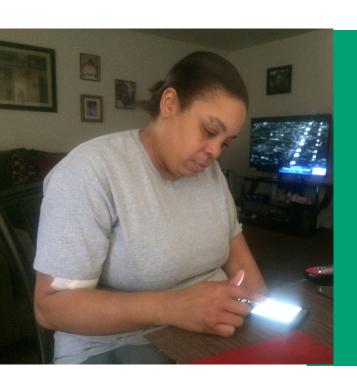
- 1 Please report the pothole via 311 Customer Service Center (Dial 311 or 456-3000)
- 2. Ask 311 If the pothole has been reported to the City and unfilled for 30 days. If so, you are eligible to file a personal property claim for the damage here.
- 3. If you are eligible, you can complete the claim form in two
  - · Complete the form online here.
  - Download and complete the written form here.

Please do not hesitate to contact the City's Risk Management Office at (616) 456-3707 if you have questions.









Name: Adrianna

**Service:** Pothole Damage Claim

#### **Takeaways:**

- "I prefer doing things on my phone."
- → "Streets and Sanitation Dept? What's sanitation got to do with potholes? Why are they telling me that"
- "Oh, so I'm not eligible... Well you better be glad I didn't do that paperwork."

# So, what are we doing?

# "We are making a better website"

# "We are making a better website"

"We are making better government"

# HAVEN'T VICTIMS PAID ENOUGH?

If you or someone you know has been a victim of a violent crime, help may be available.

# CalVCP Can Help.

counseling funeral & burial medical bills calvcp.ca.gov • 800-777-9229













A

Get Help Eligibility

Learn For Providers

For Advocates

Media Center

About

## ♠ How to Apply for Victim Compensation

The California Victim Compensation Board (CalVCB) can help victims of violent crimes that occur in California as well as California residents who become victims while visiting other states or outside the country. Additionally, people such as family members who need assistance because of death or injury to a crime victim may also be eligible for compensation. For more information, visit the CalVCB page.

Esta página en Español »

## Get Help from a Victim Advocate

#### Find an Advocate

An advocate from your local Victim Witness Assistance Program can help you fill out your application and personally guide you through the victim compensation process. Victim advocates can also:

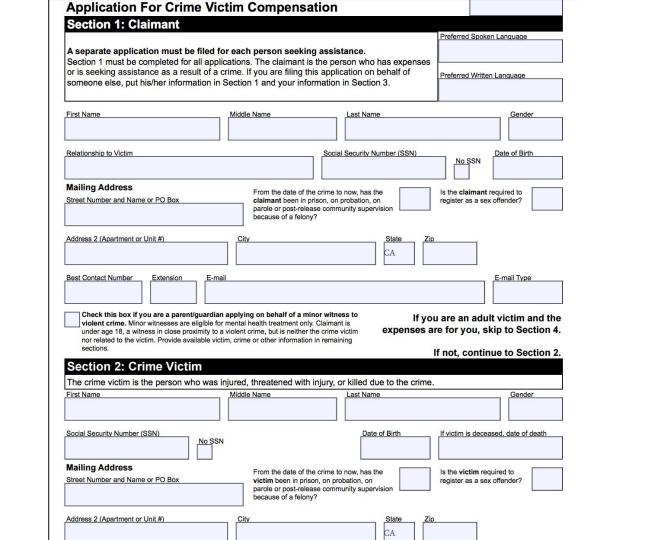
- get you emergency food, clothing, and shelter
- help you file a temporary restraining order
- attend court hearings with you to offer support and information
- refer you to other resources

Victim advocates provide their services for free.





How Do Advocates Help?





CalVCB 3		
Section 3: Parent or Guard	dian (Applicant)	
his section is for parents or guardians	of minors or incapacitated adults in Section	on 1. Preferred Spoken Language
ease indicate your relationship to the person lis	ted in Section 1:	
11 (88)		Preferred Written Language
rst Name	Middle Name	
	D-1-48'# 0-4-	- 1-1 C 1- N 1- (CON)
st Name	Date of Birth Gender So	ocial Security Number (SSN) No SSN
lailing Address	From the date of the crime to now,	Are you required to register
treet Number and Name or PO Box	have you been in prison, on probation,	as a sex offender?
	on parole or post-release community supervision because of a felony?	
	100	12.11
ddress 2 (Apartment or Unit #)	City	State Zip
		CA
est Contact Number Extension E-r	noil .	E-mail Type
est Contact Number Extension E-4	Idii	
		Personal
Medical and/or dental expenses  Moving or relocation expenses  Job retraining (for a victim disabled because of the crime) ther crime-related expenses	Mental health treatment  Home security improvements  Crime scene clean-up	Income loss (if you missed work because of the crime)  Home or vehicle modifications (for a victim disabled because of the crime)  Mileage reimbursement or transportation costs
or someone other than the victim o	f the crime, the benefits below may be a ttach copies, or a list, of any crime-related , only mental health benefits are availal	bills.
	Wage loss	Loss of support
Mental health treatment	(up to 30 days if a minor dies or is hospitalized)	(for dependents of a deceased or disabled victim)
Funeral and/or burial expenses	Crime scene clean-up	Home security improvements
Medical expenses for a deceased victim		
mergency Award Request		
mergency awards may be requested in certain erious financial hardship if crime-related expens		or crime-related expenses in cases where you will suffer eans you would not have any money left for necessities like hin 30 calendar days of receipt of the application.
I am requesting an emergency award.		
State of California V	ictim Compensation Board Form VCGCB-VCP-005 (Re	v. 5/2017) [ENG] Page 2 of 7

ICTIM COMPENSATION BOARD			
Section 5: Crime Informati	on		
Law Enforcement Agency Name		Dates Crime Occ	
reported to law enforcement, name of the law en	iforcement agency	From	То
Date Crime was Reported Crime Re	eport NumberDescribe Injuries		
Location of Crime (if known)	Person who committed th	e crime (suspect), if known	Suspect unknown
Address, Intersection, Area, etc.	First Name		st Name
Address 2 (Ste. #) City	State Zip	County Type	of Crime
Section 6: Representative			
This section is for representatives only. sign and date. All other representatives,			e phone, name, center #,
	p	1. A	
Please indicate your relationship o the person listed in Section 1:		If other, please indicate:	
First Name Middle	Name Last Name	Telepho	one Extension
Organization Name	Mailing Addr	ess	
	Street Number a	nd Name or PO Box	Address 2 (Suite #)
	to# Only		
Facilitation Assistance Contra C			
For Victim Assistance Center S	AND CONTRACTOR OF THE CONTRACT		State Zip
	City		State Zip
	AND CONTRACTOR OF THE CONTRACT		
For Victim Assistance Center S  VP/VWC Number	City For Attorneys Or		CA
	City	State Bar Numbe	CA
JP/VWC Number	City For Attorneys Or		CA
IP/VWC Number	For Attorneys Or	State Bar Numbe	CA
IP/VWC Number	City For Attorneys Or		CA
IP/VWC Number	For Attorneys Or	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).	For Attorneys Or	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).	For Attorneys Or Tax ID Telephone	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).  Sig	For Attorneys Or Tax ID Telephone Insture and Date Required for a	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).  Signey Section 7: How Did You File	For Attorneys Or  Tax ID  Telephone  Insture and Date Required for a Date  Date  Date  nd Out About the Boat	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).  Signey Section 7: How Did You File	For Attorneys Or Tax ID Telephone Insture and Date Required for a	State Bar Numbe	CA
I am requesting payment pursuant to Government Code Section 13957.7(g).  Signersentative's Signature  Section 7: How Did You Fit Law Enforcement  District  District	For Attorneys Or  Tax ID  Telephone  Inature and Date Required for a Date  and Out About the Boat  Attorney  Medical Pro	State Bar Numbe  E-mail  all Representatives	CA



Ethnicity American Indian/ Asian	Black/African Hispa	anic Native Hawaiian and	White Non-Latino/
Alaska Native Asian	American or Lat		Caucasian
	Other Race Multip		Other
		5	
s the victim disabled? Was the victin	m disabled prior to the crime?		
Section 9: Insurance Inform	ation		
Please list your insurance information beli		npensation Board (CalVCB) is	s the payer of last resort. V
may contact your insurance company as			
I have no insurance of any kind.			
That's no modulates of any land.			
lealth Insurance			
Medi-Cal Benefits Identification Card Number	Issu	ue Date	
Health Insurance Company Name	Policy Number	Group Number Telep	hone Ext.
State modulates Company Hame	T SIIGY TYGINGGI		Torio Exc.
Ter state a contract			
Mailing Address	Address 2 (Suits #) City		Ctata Zia
Street Number and Name or PO Box	Address 2 (Suite #) City		State Zip
	s		CA
lame of Insured		Have	you filed an insurance claim rela
First Name Middle N	last Name	to this	s crime?
		s	
Auto/Vehicle Insurance (Includes car, tru	iek materiorale materiorae h	and intaki nimbana atak	
Complete if the crime involves a vehicle, including p		oat, jet ski, airpiane, etc.)	
Auto Insurance Company Name		Policy Number Telep	hone Ext.
no modulo Company Hame			
Mailing Address	Address 2 (Suits #) City		State Zin
Mailing Address	Address 2 (Suite #) City		State Zip
Mailing Address	Address 2 (Suite #) City		State Zip
Mailing Address Street Number and Name or PO Box Name of Insured		:	
tailing Address treet Number and Name or PO Box lame of Insured		Have	CA
Mailing Address Street Number and Name or PO Box Name of Insured		Have	CA you filed an insurance claim rela
Mailing Address  Street Number and Name or PO Box  Name of Insured  First Name		Have	CA you filed an insurance claim rela
Name of Insured  Irist Name  Other Insurance	Name Last Name	Have to this	CA you filed an insurance claim rela
Mailing Address Street Number and Name or PO Box  Name of Insured First Name  Middle N  Dther Insurance	Last Name  Could be applied to your application.	Have to this	CA you filed an insurance claim rela
Mailing Address Street Number and Name or PO Box Name of Insured	Last Name  Could be applied to your application.	Have to this	CA you filed an insurance claim rela

State of California Victim Compensation Board Form VCGCB-VCP-005 (Rev. 5/2017) [ENG] Page 4 of 7



nployer's Business Name	Contact Person First Name	Last Name	Telephone	Ext.	OK to contact employer?
ailing Address					
eet Number and Name or PO Box	Address 2	2 (Suite #) City		State CA	Zip
or was the victim self-employed?		Did the victi	m miss work as a result of cri	me-related injuries?	
		200	N. W 1-11	on the job or at the work	rnlane?
		Did the crim	e occur while the victim was	on the job of at the work	piaco:
		Did the crim			
	plea		lf you ha	ave more than or	ne employe
ection 11: Civil Su	-			ave more than or	ne employe
	it Information	ase list on a separa	If you ha	ave more than or d mail with your	ne employe
	it Information	ase list on a separa	If you ha	ave more than or d mail with your	ne employe
you decide to file a civil suit	it Information , by law, you are requ	ase list on a separa	If you ha	ave more than or d mail with your	ne employe
ection 11: Civil Su you decide to file a civil suit ve you filed, or do you plan to file, torney's Name	it Information , by law, you are requ	ase list on a separa	If you ha	ave more than or d mail with your	ne employe
you decide to file a civil suit ve you filed, or do you plan to file, torney's Name	it Information , by law, you are requ	ase list on a separa	If you hate piece of paper an	ave more than or d mail with your	ne employe
you decide to file a civil suit ve you filed, or do you plan to file, torney's Name	it Information, by law, you are requal a civil suit related to this c	uired to notify CalVCB	If you hate piece of paper an	ave more than or d mail with your he action.	ne employe application
you decide to file a civil suit we you filed, or do you plan to file, torney's Name st Name	it Information, by law, you are requal a civil suit related to this c	uired to notify CalVCB	If you hate piece of paper an	ave more than or d mail with your he action.	ne employe application
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you decide to file a civil suit ve you filed, or do you plan to file,	it Information, by law, you are requal a civil suit related to this community.	uired to notify CalVCB	If you hate piece of paper an	the action.  Telephone	ne employe application

- Please read the next page carefully, sign and date, and send to the address indicated or deliver to your local Victim Witness
- Assistance Center. · CalVCB will send you a letter acknowledging that your application has been received. The acknowledgment letter will include
- additional information about the benefits requested on your application.
- · A CalVCB representative may contact you for additional information if you were not able to provide it with your application.
- · For any questions about victim compensation, you can contact your local Victim Witness Assistance Center or call CalVCB at 1-800-777-9229.



Pr

Save



This page must be signed and dated.

#### Section 12: Information Release

I give permission to any healthcare provider, any medical biller, any funeral director or similar persons, any employer, any police or other government agency, including the Department of Justice, the Social Security Administration, the State Francise Task Beard, and the Federal Internal Revenue Service; any insurance company; or any other person or agency, to provide information relating to this application, including medical (including, but not limited to history or physical records, consultation reports, asthology reports, discharge summaries, operative reports. Are yan other androdgy reports, listoritory reports, brant notes, narrative reports, and billing records, mental health; revolve, owner than the provider of the consultation of the california Victim Compensation Board (calVCB) or its representatives, for the purpose of determining eligibility for CalVCB benefits. This permission also applies to all sources of recovery for the claimed losses, including but not limited to, health or medical benefits, unemployment or disability benefits, Social Security densities, "Quippermental Security income, and/or retirement, including the supporting medical and/or mental health records), and Veteran benefits. I also give permission for the release of federal and state tax information, including tax returns, for the purpose of verifying income. I neverly view all Belgal privileges to any of this information required Vector Pegarding my office.

I agree that a photocopy or fax of this signed form is as valid as the original, and my signature gives permission for the release of all specified information.

I agree that CaIVCB or its representatives may pursue restitution from the convicted offender in this matter to recover monies paid to me by CaIVCB and that by filing this application I have authorized use of information in this application and subsequent claim files to pursue restitution from the convicted offender.

In order to verify or process this application, I agree that CaIVCB or its representatives may provide information about this application, and the information contained in this application, to any representative named on this application, government agency, or health care provider or other provider of services, and may pay the provider directly # payment of these services is approved.

I agree that I may revoke this authorization at any time. The revocation must be in writing. The revocation will take effect when Call/CB receives it, but I may be deemed ineligible for Call/CB benedies, no healthours provider may condition treatment, payment, erroritions, but may be deemed ineligible for Call/CB benedies, no healthours provider may condition treatment, payment, erroritions, but may be deemed ineligible for call the condition of the call the call that the call the call the call that the call the call that the call the call that the call th

I agree that the authorizations and agreements herein will expire ten (10) years after the date of my signing this form.

Signed Date

(Parent or guardian must sign if victim is a minor or incapacitated.)

#### Section 13: My Agreement to the California Victim Compensation Board

As required by California law, I will contact and repay the California Victim Compensation Board (Cal/CB) if, or anyone on my behalf, receives any payments from the offender, a civil lawarul, an insurance policy, or any other government or private entity, for issess suffered as a difference least of the crime that was the basis for receipt of benefits from Cal/VB. In the amount of the total benefits granted by Cal/VB. I understand I may be responsible for repaying Cal/VB any amount for which it is later determined that I was not eligible. I will notify Cal/VB. If it has a attempt to prospect me the in any action related to this crime or if I curuse any action on my own.

Any monies I receive from CaIVCB for moving/relocation expenses, improving home security, or for modifying a home or vehicle for a disabled vicilin will be used only for those purposes, If I am a victim of domestic violence receiving moving/relocation expenses, I will not tell the offender my home address nor allow the offender on the premises at any time, or I will seak a materialing norder action in the offender.

In the event that I am compensated for any pecuniary loss by CaIVCB and the State of California subsequently receives compensation for the same loss on my behalf from the perpetrator (including any monies received through a restitution order) or from any other source, I hereby assign to the Victim Compensation Board any and all rights to such duplicate

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and completed to the best of my knowledge and belief. Lunderstand that I may be found to be ineligible for benefits, and that action may be taken to recover benefits I receive if I provide information that is false, intentionally incomplete, or misleading.

Signed Date

(Parent or guardian must sign if victim is a minor or incapacitated, County social workers, see section 13a.)

Printed Name

#### Section 13a: For County Social Workers Only

As required by California law, I will contact and inform the California Victim Compensation Board (CalVCB) if I learn the claimant receives any payments from the offender, a civil lawsuit, an insurance policy, or any other government or private entity, for losses suffered as a direct result of the crime that was the basis for receipt of benefits from CalVCB.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and completed to the best of my knowledge and belief.

Lunderstand that the claimant may be found to be ineligible for benefits, and that action may be taken to recover benefits the claimant receives if the claimant provides information that is false, intentionally incomplete, or melaleading.

Signed Date
Printed Name

Mail completed application to:

California Victim Compensation Board PO Box 3036, Sacramento, CA 95812-3036 For more information call:

1-800-777-9229

or deliver to your local Victim Witness Assistance Center Hearing impaired, please call the California Relay Service (711)

victims.ca.gov Helping California Crime Victims Since 1965

State of California Victim Compensation Board Form VCGCB-VCP-005 (Rev. 5/2017) [ENG] Page 6 of 7

### **Privacy Notice on Collection**

- CalVCB collects this information based on California Government Code sections 13952 et seg. and 13954.
- All information collected from this site is subject to, but not limited to, the Information Practices Act. See <a href="http://victims.ca.gov/media/pra.aspx">http://victims.ca.gov/media/pra.aspx</a>.
- 3. This information is collected for the purpose of determining eligibility for compensation.
- CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
  - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
  - b. Protect and defend the rights or property of CalVCB; and,
- Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
- Individuals are to provide only the information requested.
- 6. The information provided is mandatory.
- 7. The consequences of not providing the requested information could result in the denial of your application.
- 8. You have the right to access the records containing the personal information that you provided.
- 9. The information collected is used by the California Victim Compensation Board.
- Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
- For additional information regarding privacy, please see CalVCB's Privacy Notice. See <a href="http://victims.ca.gov/privacy.aspx">http://victims.ca.gov/privacy.aspx</a>.
- 12. For information regarding consumer information on security, please visit <a href="https://oag.ca.gov/privacy/online-privacy">https://oag.ca.gov/privacy/online-privacy</a>.

## **Identify User Need**

us·er need/ 'yoozər nēd:

A well-defined statement of what your service or program empowers people to do



## **Identify User Need**

User stories are just statements that describe a goal, written in the first person. There is no one way to write a user story, but one effective approach is called "jobs to be done", which is shown here.

**As a:** [type of user]

Who is this for?

I need to: [task/action]

What will help this person reach

their goal?

So that I can: [goal]



## **Identify User Need**

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As a: [type of user]

Who is this for?

I need to: [task/action]

What will help this person reach

their goal?

So that I can: [goal]

**As a:** victim of violent crime in CA

Who is this for?

I need to: apply for victim compensation assistance

What will help this person reach their goal?

**So that I can:** Stop hurting and start healing

## California Victims Compensation Application

My Progress: 0%
How can we help?
Are you the direct victim of the crime?  O Yes O No
Are you under the age of 18?  Yes  No
Did the crime happen in California?  O Yes O No
If your application is found to be eligible, we can assist with a number of crime-related expenses. Which of the following expenses are you facing currently - or do anticipate facing - as a result of the crime?    Medical expenses (including dental)   Mental health treatment   Income Loss (if you missed work because of the crime)   Moving or relocation expenses (due to concern for personal safety or emotional well-being)   Crime Scene Clean Up   Funeral or Burial Services (for a deceased victim)   Home Security Improvements
Home or Vehicle Modifications (for victims disabled because of the crime)   Mileage reimbursement or transportation costs   Replacement Service Animal - If the animal was killed or injured as a result of the crime   Job Retraining (for victims disabled because of the crime)   I don't know yet
Rack Save Continue

## What's better?

- → Breaking into sections makes form less intimidating
- → Shorter forms.Smart Logic lets you only ask the questions you need to know.
- → Smart Logic forces people to self-determine eligibility
- → Save Progress. Goes exactly back to where you left off.
- → Rapidly prototype a new solution.

Try it: <a href="mailto:bit.ly/victimcomp">bit.ly/victimcomp</a>

## Map the current process

**California Victim Compensation Application** 

= User action

= Gov action

Violent crime victim learns about CVCB benefits Linked or referred to app online

Completes application; prints, sends

State or local office gets app, determines eligibility Staff confirms eligibility sends application number, Claims staff starts processing claims Staff deems expenses eligible and starts paying

If app is incomplete, then staff reaches out for documentation

Victim sends or brings in additional documentation If expense documentation is incomplete, staff reaches out to victim

Victim sends or brings in additional documentation



## Map the current process

**California Victim Compensation Application** 

= Pain Point

Violent crime victim learns about CVCB benefits

Linked or referred to app online

Completes application; prints, sends State or local office gets app, determines eligibility

If app is

incomplete,

reaches out for

documentation

then staff

Claims team has to transcribe the entire scanned document

> Staff confirms eligibility sends application number.

slows down the

process

claims Missing info

If expense documentation is incomplete, staff reaches out to victim

starts

processing

Victim sends or brings in additional documentation

Claims staff Staff deems expenses

eligible and

starts paying

eligible for emergencu award theu don't aet

Might be

The process takes much longer than they thought

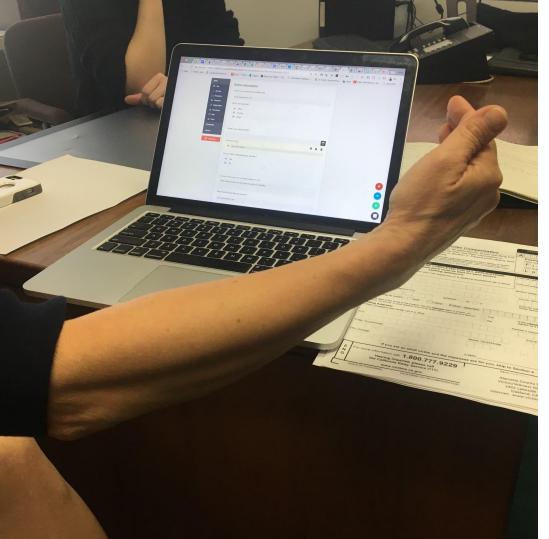
Inconsistent referral sources

Application is long

No printer? More time!

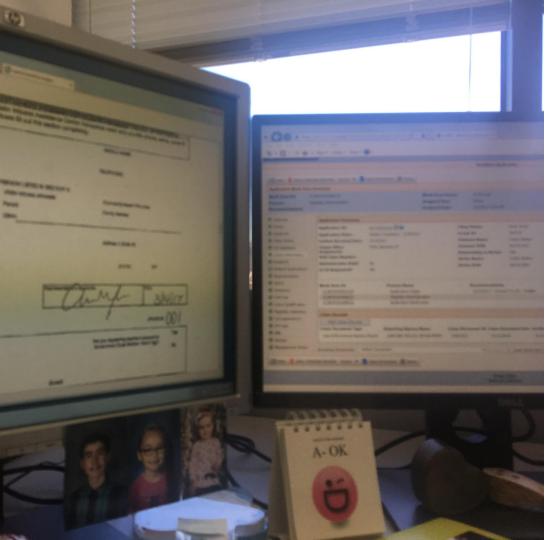
If they send it to State, state has to send to local office

Victim sends or brings in additional documentation



## What's better?

- → Build the advocate experience into the form.
- → Smart Logic allows for forced diversions
- → Required fields reduces back and forth
- → Upsell to other forms and services When you are looking at our website, go to local resources. Find where you live and opens up all those local resources.
- → Tell them there closest Trauma Recovery Center or Family Justice Center.
- → Anything else not on the app. Mental health treatment bills.
- → Rapidly prototype a new solution.
- → Required fields. Tons of phone calls. Applications come in and they are not signed.
- → No more transcribing illegible handwriting



## What's better?

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Get Help Eligibility

Learn For Providers

For Advocates

Media Center

About

## **⚠** How to Apply for Victim Compensation

The California Victim Compensation Board (CalVCB) can help victims of violent crimes that occur in California as well as California residents who become victims while visiting other states or outside the country. Additionally, people such as family members who need assistance because of death or injury to a crime victim may also be eligible for compensation. For more information, visit the CalVCB page.

Esta página en Español »

## Get Help from a Victim Advocate

#### Find an Advocate

An advocate from your local Victim Witness Assistance Program can help you fill out your application and personally guide you through the victim compensation process. Victim advocates can also:

- get you emergency food, clothing, and shelter
- help you file a temporary restraining order
- attend court hearings with you to offer support and information
- refer you to other resources

Victim advocates provide their services for free.





How Do Advocates Help?

## **Redesign Content**

- Why does the user need this service? (reassure they are in the right place)
- Why does the City offer this service?
- What's the step by step process for the public to complete the process online?
- What advice can you offer the user to get through the process as easily as possible?

## **Redesign Content**

## Useful phrases:

- How can we let the user know they are in the right place, immediately?
- What does the user need to know before they take that step?
- How would you describe this to a friend?

Home / Directory / Services / Apply for Victim Compensation

#### **Apply for Victim Compensation**

Have you or your family been effected by violent crime?

The California Victim Compensation Board (CalVCB) supports victims and families recovering from violent crime. Depending on your situation, we can help by offering compensation for a wide variety expenses resulting from the crime.

APPLY ONLINE

Consider your expenses.

First, Consider any expenses you or your family have paid - or think you will face as a result of the violent crime. Even if you don't have expenses now, you can still

Complete the application

Victim Compensation Application

Receive Application Number

Our average processing time for applications is less than 45 days. You will get a notification acknowledging that we have received your application. Weill give you an application number.

Stop paying your bills

Once you have received your application number notify providers (i.e., medical, mental health, dental) that you have applied for victim compensation. Use your application number to verify this fact.

Find out if you are eligible

Once our staff has verified the details of your crime, we will send you a notification of whether or not you are eligible for assistance. If you are eligible, we will start considering your expenses.

If eligible, get assistance.

If you are eligible, we will start paying for - or reimbursing your crime- related expenses. In most cases, we will pay your providers directly on your behalf.

#### Keep in mind

- . Be as responsive as possible with our staff! In some cases, we will need additional information, documentation, or other details. The more quickly you can get us what we need to process your claim, the faster we can assist with benefits
- . If you are in need of immediate assistance or guidance, find and contact an advocate. Advocates can help on a broad set of matters related to your situation, including access to food, clothing, shelter and offer support during court hearings. Victim advocated provide their services free of charge.
- . If you move or change your contact details tell us as soon as possible



Find your local Victim Witness Assistance Center

## What's better?

- A question to reassure the user they are in the right place
- Outline the modes available to complete the interaction (without scrolling)
- Big, clear action buttons
- Advice written to offer context and tips

Home / Directory / Services / Apply for Victim Compensation

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APPLY ONLINE

APPLY BY MAIL

APPLY IN PERSON

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Listen >

#### Contact Us

#### Phone

1-800-777-9229

#### Fax

1-866-902-8669

#### Find help in your area

Find your local Victim Witness Assistance Center









#### How to Apply for Victim Compensation

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- get you emergency food, clothing, and shelter
- help you file a temporary restraining order
- attend court hearings with you to offer support and informatio
- o refer you to other resources

Victim advocates provide their services for free

Complete Your Own Application



Privacy Notice on Collection

Each person seeking assistance must complete a separate application.

9 Section 1 of the application is for information about the person who has expenses or is seeking assistance.

Eligibility of all applications and payment of every bill is subject to legal requirements and review by CalVCB.

- Section 2 is for information about the crime victim
- 9 Section 3 is for parents, guardians or others who are legally responsible for the person seeking assistance and who are filling out the application on their behalf.

Additional forms and/or verification documents may be required, including when requesting an emergency award, relocation assistance or compensation for income loss

#### Fill Out Your Application by Hand

- 1. Onen the application Application for Crime Victim Compensation
- Fill Out Your Application on Your Computer
- Solicitud Para Recibir Compensación Por un Delito Aviso de privacidad para la recopilación de información
- 2. Enter your information
- Save a copy to your computer by selecting File > Save.
- 4. Print a copy, sign it and date it.
- 5. Send your application to the address below

- 1. Open the application Application for Grime Victim Compensation
- Solicitud Para Recibir Compensación Por un Delito
- 3. Enter your information, sign it and date it.
- 4. Send your application to the address below.

#### Other Non-English Applications

- مثب لعريض ضحية جريمة ( (عرب) Arabic
- Հանգադործումիան դոնի փոխնատուցման դիմումՈւմեադիր IIII
   Armenian (Հայերեն)
- ការស្រាំសម្រាប់កម្មីជីសាលាជនរងគ្រោះដោយសាយទន្សកិច្ច 
   Cambodian (ភាសាខែវ)
- o 中語犯罪被害人補償 con Chinese (漢語)
- ن رخواست دریافت خواست بر این او باشی جنایت ( ) (افرسی) Farsi
- Daim Ntawy Thoy Nylaj Them Rau Tus Neeg Uas Lwm Tus Tau Ua Tej Yam Key Txhaum Plaub Raug
- 범죄 미배자 보상 신청서
- ในสมบัตร์ตามนิดเลียดับสหลักขจากสายสะทร้า
- Lao (wretero)
- ਜਰਮ ਦੇ ਪੀੜਤ ਲਈ ਮੁਆਵਜੇ ਵਾਸਤੇ ਅਰਜੀ

- Aplikasyon para sa Bayad ng Biktima ng Krimen
- Đơn Xin Bỗi Thường Cho Nan Nhân Của Tôi Ác
   Vietnamese (Tiếng Việt)

The completed application must be signed and dated where indicated and mailed to

California Victim Compensation Board

Sacramento, CA 95812-3036

In contact your privacy on not transmit annination or other confidential CalifCR information via a mail

Get Your Claim Processed Faster

- Complete every section of the application possible.
- Include copies of available orime reports, bills, receipts and supporting documentation with the application.
- Send bills to the insurance company, workers' compensation carrier, or Medi-Cal right away. CaIVCB corresponds with such providers as needed to verify benefits and

If you need assistance with your application, don't have a printer and need an application mailed to you, or have questions regarding victim compensation, please contact your local county <u>Victim Witness Assistance Program</u> or call our Helpline toll free at 1-800-777-9229.

These application forms are in Adobe Portable Document Format (PDF). To use the PDF files you need Adobe Reader version 6 or later. If you don't already have free Adobe Reader software, you can download Adobe's Acrobat Reader.

## What can you do now?

- → Take an interest in the quality of your digital services. Do some generative testing
- → Identify one service their department offers where increased access or a digital capability could be a digital game changer.
- → Get user feedback. Do usability testing.
- → Hire or re-allocate someone to have the time to do this well.
- → Take a digital services approach to the next redesign.